

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004239

FILED  
Apr 05, 2008  
Secretary of State

Entity Name: LEGEND LAKES HOMEOWNERS ASSOCIATION OF VERO BEACH, INC.

**Current Principal Place of Business:**

595 ALEXANDRA AVE SW  
VERO BEACH, FL 32968

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 651208  
VERO BEACH, FL 32965

**New Mailing Address:**

FEI Number: 04-3681299      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FAULKNER, CHARLES O VP  
595 ALEXANDRA AVE SW  
VERO BEACH, FL 32968      US

**Name and Address of New Registered Agent:**

FAULKNER, CHARLES O  
595 ALEXANDRA AVE SW  
VERO BEACH, FL 32968      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHARLES FAULKNER      04/05/2008  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: MORES, CHRISTOPHER N  
Address: 530 ALEXANDRA AVE SW  
City-St-Zip: VERO BEACH, FL 32968

Title: VP ( ) Delete  
Name: FAULKNER, CHARLES  
Address: 595 ALEXANDRA AVE SW  
City-St-Zip: VERO BEACH, FL 32968

Title: VP ( ) Delete  
Name: VORNDRAN, JOHN  
Address: 4705 JOSEPHINE MANOR SW  
City-St-Zip: VERO BEACH, FL 32968

Title: VP ( ) Delete  
Name: MITCHELL, VIRGINIA C  
Address: 775 ALEXANDRA AVE SW  
City-St-Zip: VERO BEACH, FL 32968

Title: TRES ( ) Delete  
Name: DRYDEN, NANCY  
Address: 590 ALEXANDRA AVE SW  
City-St-Zip: VERO BEACH, FL 32968

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: FAULKNER, CHARLES O  
Address: 595 ALEXANDRA AVE SW  
City-St-Zip: VERO BEACH, FL 32968

Title: VP (X) Change ( ) Addition  
Name: VANDYKE, JEFFREY  
Address: 4715 JOSEPHINE MANOR SW  
City-St-Zip: VERO BEACH, FL 32968

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY DRYDEN      TRES      04/05/2008  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date